

1122 PROGRAM PRE-AUTHORIZATION FORM - GSA**(GSA Schedule Items Only)**

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.....Counter-Drug

.....Homeland Security

.....Emergency Response

Date: _____

Ordering Agency

Agency Name: _____ Agency #: _____

Address: _____

City: _____ Zip: _____

POC: _____

E-Mail: _____

Phone #: _____ Cell#: _____ Fax #: _____

Ship to

Agency Name: _____

ATTN: _____

Address: _____

City: _____ Zip: _____

Order Justification:**Selected Vendor**

Company Name: _____ GSA Contract #: GS / _____

GSA Schedule/ SIN # _____ FEIN #: _____

Address: _____

City, State: _____ Zip: _____

POC: _____

E-Mail: _____

Phone: _____ Fax: _____

Selected Vendor Justification:**1122 Program Use Only**

Reviewed by 1122 staff _____		1122 Review Date: _____	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Reason for non-approval:	<input type="checkbox"/> Non-GSA Vendor
			<input type="checkbox"/> Non-GSA Item
			<input type="checkbox"/> Savings Insufficient
			<input type="checkbox"/> Justification Insufficient
			<input type="checkbox"/> Vendor Justification Insufficient
			<input type="checkbox"/> Non DHS Approved Equipment list
			<input type="checkbox"/> Other (please explain below)

Comments

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Date _____

Phone #: _____ Cell#: _____ Fax #: _____

Please fax this Pre-Authorization form to:
1122 Program (916) 327-8714